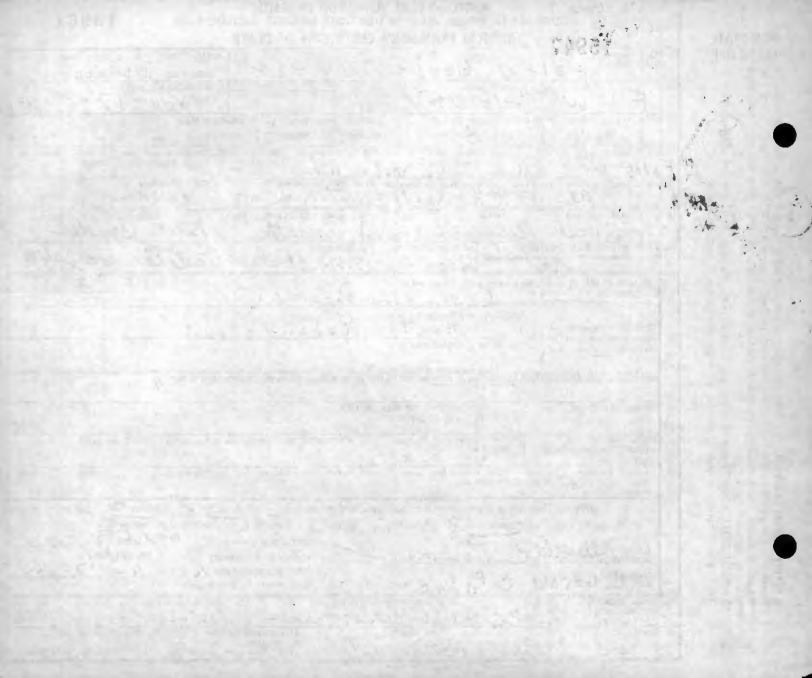
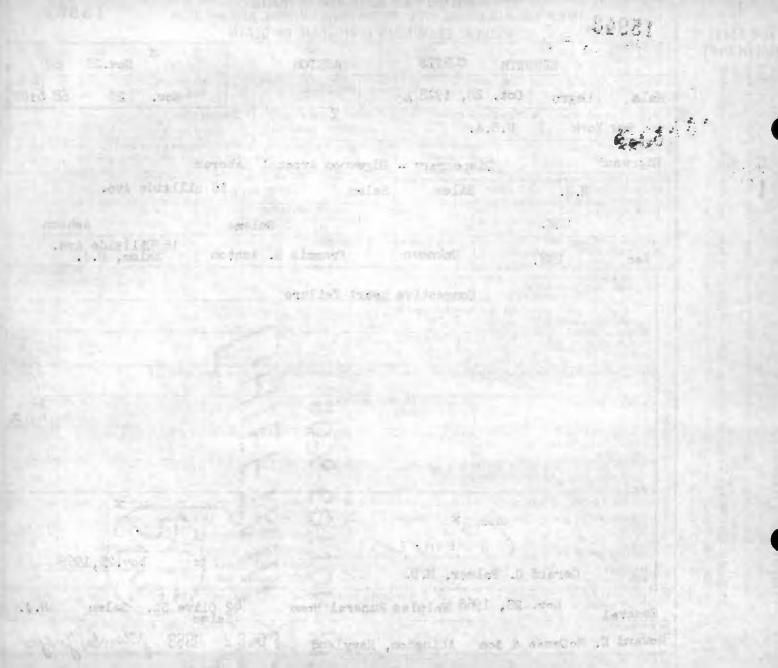
- 1	I.	tem2a FilmGh07 MARYLAND STATE DEPARTMENT OF HEALTH 2/3/68 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	15961
FOR STATE	1.3	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	LOSOX
HEALTH DEPT.		ECEASED-NAME 2 Lost 20. DATE KNOWN Month	Doy Year 2b. HOUR
5 0 0 70	(Type or Print) OF ESTI-	Known 19 M
deloy is and 3 to M3. Page	3. \$		7 Yeor 68 2d. HOUR
- S - S - S - S - S - S - S - S - S - S	7o. I	BIRTHPLACE (Stote or foreign 176, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Harford	Mc
ye Poges g with for	10. 0	Allston Death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired.)	12b, KIND OF BUSINESS OR INDUSTRY
olonic district		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE Md 13b, COUNTY HOTORY FALLSTON YES NO WEST	
hours in Hem I's Office is I and 2	14. F	Lewes: august anne annetta Louis Si	nider
within 24 pencil in xominer's ile poges 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (if yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. Clara Fritselle	Fallston
= .00 iE		18. CAUSE OF DEATH. Inter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONUMISTIC DISORDER OF DEATH. INTERPRETATION OF THE PROPERTY OF	APPROXIMATE UNTERVAL BETWEEN ONSET AND DEATH
be executed "pending" if nief Medical I ansit permit. I event within		Conditions, If ony, which gove DUE TO, OR AS A CONSEQUENCE OF ROLL AND THE CONDITIONS OF THE CONDITION	
wan the rial-		rise to immediate couse (o). stating the underlying couse lost.	
cate s ag the ed to ed to and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	1
0 5 5 5	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
Thi ficat I be Id be or r	MEDICAL CERT	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	
of 3 miles	MED	21d. INJURY OCCURRED AT WORK A	County State
Recut Recut Pag for y NR: Pe		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection ∠, Inquiry	ond in my opinion
Se es estor. ector. ned rector		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
DEPUTY BICAL EXAM scessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page		ACTUAL LEVALUE Palme MD. ASSISTANT MEDICAL EXAMINER 226. DATE	SIGNED
ro DEPUTY necessary, if the funeral 5 may be ro to FUNERAL Health prid		EXAMINER'S NAME (Type) GOY 8' d C P3 In C > 11 D D DEPUTY MEDICAL EXAMINER (Mype) ADDRESS(Street, city, town, or county)	11.68
70 she	230	BURIAL (REMATION, 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
VR A15ME (5) 10M REV. 1/68	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE



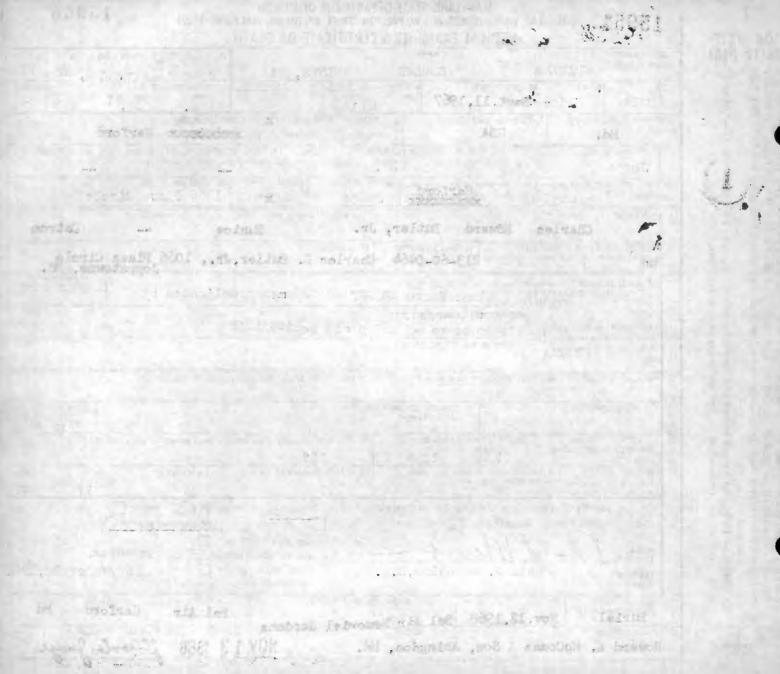
MARYLAND STATE DEPARTMENT OF HEALTH



	MAKTLAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1596.	3
, -	CERTIFICATE OF DEATH	
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after death le funeral ges 1 and i after death		F UNDER 24 HRS. HOURS MIN.
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Within 2	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in bospital 120. USUAL OCCUPATION (Kind of work done give street address) WRE-DE CROPE HORDER OF HOSPITAL OR INSTITUTION (If not in bospital 120. USUAL OCCUPATION (Kind of work done like the property of th	ISINESS OR
equires that the death certificate be exercited with physician. signed by the attending physician and completely to burial-transit permit. Then please remave corban burial, crematian, or removal, and in any event, with	SUAL RESIDENCE (Where decrosed lived, if institution, Residence before 13c CITY OR TOWN) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER STATE 13b. COUNTY OF 1 PROPERTY 1 PROPERTY 1 PROPERTY LIMITS? 13e. STREET AND NUMBER PROPERTY LIMITS?	k.
PHYSICIAN: The law requires that the death certificate be exercited to haspital ar attending physician. This certificate has been signed by the attending physician and complestached far use as the burial-transit permit. Then please remave to Dept. af Health priar to burial, cremation, or removal, and in any event	THER'S NAME First Middle	Lost
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phy en en oval	Mag. or unknown) (If yes give war or dottes of service) 548-44-5730 Mirs. Virginia B. Emrey, Perryville, Md.	TE INTERVAL
ne death cer attending p permit. The	18. CAUSE OF DEATH (Enter only one couse per limb for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY:	
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equires that the physician. signed by the c burial-transit p burial, crematia	ost. 3 2 X (c)	
quire physi signe suria suria	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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cian: ital ar ificate far u far u	PTO. ACCIDENT WAS UNDERLYING The Contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contribution HOUR A.M. Month Doy Year The contributing Cause of death HOUR A.M. Month Doy Year The contribution HOUR A.M. Month Doy Year The contributi	11
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be defacted for us led with the State Dept. of Healt	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while	Stote
ING by the frer the be de state i	220. I certify that (1) (this haspital) attended the deceased from 11-22, 1968, ta 11-30, 1968, that (1) (we) las
A ATTENDING retained by th reCTOR: After the Standed be a with the State	saw the deceased alive on	nd from th
OR AI	Degree PHYS. DIRECTOR D STAFF 22c. DATE SIGNED DIRECTOR D STAFF DIRECTOR D HYS. D	(8)
TO HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 should be filed w	NAME (Type) DANTE U-MONAKIL, M.D 291 Vilhion Au. Harre & Bras	ce, Net
HOS age 4 FUNI irecte hould	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
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	T DECEASED-NAME	First	Muddle	Last		DATE OF CEATH		2b HOUR
death death death	(Type or print)	Benjamin	Saulsbury	Carroll		November 18	1968	10P. M
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d in pers	Marylan		S.A.	Name of the latest of the late		Harford County		Md.
equires that the death certifience be executed within 24 haurs after physician. signed by the attending physician and campletely filled in by the burial-transit permit. Then please semane carban papers. Page burial, crematian, ar remayal, and in any event, within 72 hours after the purial, crematian, ar remayal, and in any event, within 72 hours after the page.	10. CITY OR TOWN OF D Bel Air		11 NAME OF HOSPITAL OR I	NSTITUTION (IF not in hospital ood Road	during Teac	UPATION (Kind of work done warking life, even if retired)	12b KIND OF F INDUSTRY Educat	iusiness or ion
d v salete carb	13a JSUAL RESIDENCE (Where deceased lived,	f institution: Residence befare	13c. CITY OR TOWN	13d. INSIDE CITY LIM-TS?	13e. STREET AND NUMBER		
The search of th	odmission) STATE Ma		Harford Harford	Bel Air	AEZ 🚰 NO 🗌	705 Ridgewood	Road	
nd can	14. FATHER S NAME		Middle Last	IS. MOTHER'S M	AIDEN NAME First	Middle	Ettein	Last
See all		lysses Fran		ANO 117 INFORMANTIA	Annie ife) 838-	6055 04	-	
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g phy Then mayor			se per line for (a), (b), and (1)	Baroo III	Carroll Bol	APPROX N	MATE INTERVAL VSET AND DEATH
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aw r ding been the ar ta	190. DATE OF OPER		FOR WHICH OPERATION WAS I	PERFORMED 2Da AUTO	nPSY2	206 IF YES, WERE FINDINGS (ONSIDERED IN CE	RTIFYING
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin director, page 3 shauld be detached far use as the burial-transit permit. shauld be filed with the State Dept. af Health priar ta burial, crematian, ar re	21a. ACCIDENT W		_	YES _		CAUSES OF DEATH?		
Cate of cate		AS UNDERLYING 216	. TIME OF INJURY UR A.M. Month Doy Yes		CURRED (Enter notu	re of injury in Part 1 or Part 2,	Item 18.)	
ating and a second seco	る (if either, natify n	nedical examiner)	P.M.	19				#h .
HYYS hos ach ach ept.	21d. INJURY OCCU While Not what work of war	IRRED 21e, PLACE OF	INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street	et or R.F.D. No.	City or Town	County	State
IG F	at work of wa	that (1) (this basnit	oll attended the decen	sed from 1977	19	to 19	, that	(I) (we) last
Afre Afre e Ste	saw the	deceased alive an	18 1000	19 68, and that in (m	ny) (aur) apinian	, to, 19 death accurred an the de	ate and hour	and fram the
A the contract of the contract			e) (did) (did nat) view th	e bady after death		1.00	DATE SIGNED	
SECT SECTION	22b. SIGNATURE	1 Den	livell m	DEGREE PHYS.	NG MED DIRECTO	DR STAFF No	DATE SIGNED 7. 19, 1	968
y be gge	22d PHYSICIAN'S	11, 17000		22e. ADI	ORESS			
FILM FIND ERAI Of be	NAME (Type)	H. Proc	tor Sidwell,			Street, Bel A:	ir, Md.	21014
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Healt	23a BURIAL, CREMATIO	N, 23b. DATE		F CEMETERY OR CREMATORY	l n	L LOCATION (City or Town)	(County)	(State)
5- 5-2	REMOVAL (Specify)		1968 Bel A1	r Memorial Ga	rdens	el Air, Harf.C	CONATION C	1014
30M REV 1268		Lliam Foste	r Bel Air, M	y & Williams aryland 21014	DATE NOV 2	STRAE SE STAIN, RESISTRAE	The same	0
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 159. FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP I DECEASED NAME First M-odie Last 2s. DATE KNOWS Month Yeor 2b. HOUR (Type or Print) ESTI-TRUDY GARLAND CASEY 68 DEATH MATED Nov. 29 2, and 3 t 4 RACE S DATE OF BIRTH 3 SFX 6 AGE (In years IF JINDER 24 HRS 2d HOUR 2c. DATE PRONOSINCED DEAD White Mar. 24,1951 Male 1968 5:00M 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Va USA WIDOWED | DIVORCED | Harford 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR DUA-Harrord Memorial Hospital Dipper INDUSTRY Havre de Grace shoe factory 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? death, 13e STREET AND NUMBER admission) STATE 13b. COUNTY Md. Harford Belcamp Hotel Belcamp YES 🕟 NO 🗌 ofter 14 FATHER'S NAME First Lost IS MOTHER'S MAIDEN NAME M adle First Middle Curtis Nore Casey Dye hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT in pencil **ADDRESS** (Yes, no, ar unknawn) 226-74-6513 Mabis Massie, Pine Road, Joppa, Md. Fle 72 within APPROXIMATE INFERVAL BETWEEN DISSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY Gunshot wound chest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Candilions, if only, which gave rise to immediate cause (a). This certificate shauld writing the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal 19a. DATE OF OPERATION 195 COND TON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? execute the certificate, YES 🗍 NO 2 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year P PRIMARY OR CONTRIBUTING Shot self 1:00 PM Nov. 29 19 68 CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Tawn County Stote Belcamp Hotal Belcamp Harford Md. 220. I certify that I took charge of the remains described above, held an Autopsy inspection 🛪 приту 🖈 and in my opinian death resulted fram: Accident Suicide Natura, couses Hamicide Undetermined monner 225. DATE SIGNED ASSISTANT MEDICAL EXAMINER Nov. 29, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Health Gerald C. Palmer. M.D. ADDRESS(Street, city, town or county) Bol Air. Md. NAME (Type) the 230 BUR AL CREMAT ON. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Removal (Specify) Honaker Funeral Home Honaker Nov. 30.1968 Russell Va. 24 FUNERAL DIRECTOR AD DRESS 250 REC D BY REG STRAR 25b REGISTRAR S SIGNATURE 1968 VR A15ME [5] DATDEC 2 Howard K. McComas & Son, Abingdon, Md.

MAKYLAND STATE DEPARTMENT OF HEALTH

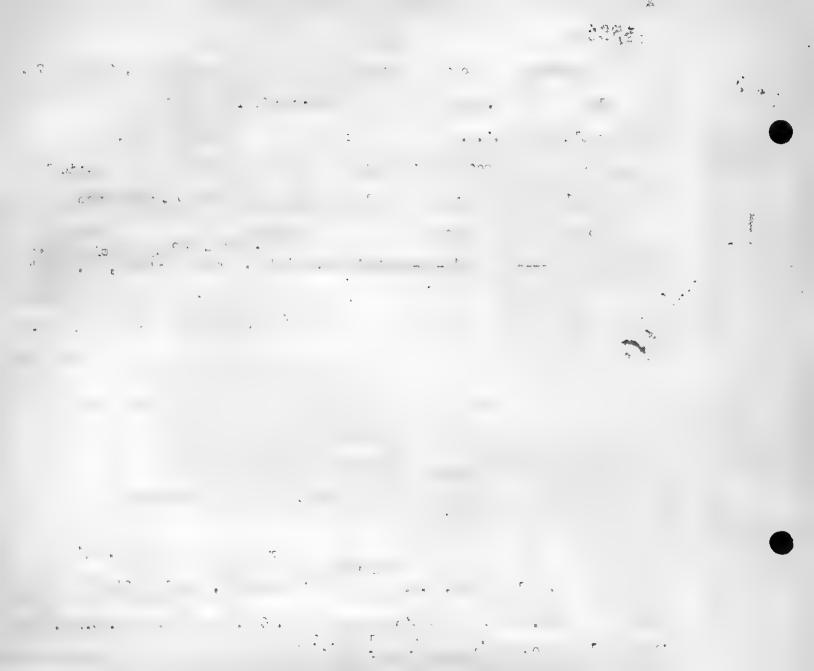
	DIVISION OF VITAL REC	DRDS, 301 W. PRESTON STRE	ET, BALTIMORE, MARYLAND 2	21201 1555
1595	•	CERTIFICATE OF D	EATH	2.00
1. DECEASED NAME (Type or print)	First Middle 326V	Charle	20. DATE OF DEATH Month	68 / g. M
JE MAI	E Negres	S. DATE OF BIRTI	31, 1968 6. AGE (In lost b.rth	yeors if under I year if under 24 Hrs iddy) Months Oays Hours Min
70 BIRTHPLACE (State or Country)	foreign 7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIE WIDOWED DIVORCE		GR. S. MO.
HAURE OF THE	TH 11 NAME OF HOSPIT/ give street address}	ALORINST TUTION (If not in haspital	120 USUAL OCCUPATION (Kind of w during most af warking life, even if	
130 ÚSUAL RESIDENCE (W odmission) STATE	here deceased lived, f institution: Residence M L 13b COUNTY HARFA		NSIDE C TY LIMITS? 13e. STREET AND N	UMBER
14. FATHER S NAME 6	rist Middle	Lost IS. MOTHERS MAID	11/ 11/11	Middle Charles
160. WAS DECEASED EVER Yes, no, or unknown)	IN L.5 ARMED FORCES? (If yes give war or dutes of service)	CURITY NO 17. INFORMANT		Address
TB CAUSE OF DEAT	H (Enter only one couse per line fer to) (b). WAS CAUSED BY IMMEDIATE CAUSE (c)	121.1.1.	esis Lung	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7769 Conditions, if only, w	DUE TO, OR AS A CONSEQUE	1 1	and.	
rise to immediate a stating the underly	rouse (a), (NCE OF		
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190 DATE OF OPERATION ASSESSMENT WAS	ON 196. CONDITION FOR WHICH OPERATION	WAS PERFORMED 200. AUTOPS		FINDINGS CONSIDERED IN CERTIFYING
RATIFIC	UNIS FROM A CONTRACTOR OF THE	YES 🗀	NO CAUSES OF DEATH?	
210. ACCIDENT WAS OR CONTRIBUTING Office of the contribution Office of the contribu	(CAUSE OF DEATH HOUR A.M. Month Day dicol examiner)	Yeor 19	RED (Enter noture of injury in Port)	or Part 2, Item 18.)
While Not while at work of wark		STREET, FACTORY) 21F LOCATION Street (or R F.D. No. City or Town	County State
22a. I certify th	not (1) (this hospital) attended the occased alive an ed abave, (1) (we) (did) (did nat) vie	19 <i>6</i> /_, and that in (mv)	, 19 <u>60</u> , to <u>//-</u> (aur) apınıan death occurred o	n the date and haur ond from the
22b SIGNATURE)	onijeno In.	D DEGREE AFTENDING	☐ MED STAFF DIRECTOR ☐ PHYS	22c DATE SIGNED
22d PHYSICIAN S NAME (Type)	Aida G. CONE	7 € 1 0 22e. ADDRE	SS	
23a BUR AL, (REMATION, REMOVAL (Specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME OF CEMETERY OR CREMATORY	23d LOCATION (C ty or I	Town) (County) (State)
24 FUNERAL DIRECTOR	in a little of the		SO. RECEBY REGISTRAR 1968	REGISTRARS SIGNATURE

MAKTLAND STATE DEPARTMENT OF MEALTH



. 1		15955 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1569 CERTIFICATE OF DEATH	
tifn 72 hours after death.	(DECEASED NAME First Middle Lost 20 DATE OF DEATH 20 DOY 1968 OF THE TOTAL TO THE TOTAL	R M
	3. S	Male White November 3, 1877 Ost pithdoy) YRS. MONTHS DAYS HOURS MI	RS IN,
	cou	BIRTHPLACE (State or foreign 17b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH NORTH Carolina U.S.A. WIDOWED DIVORCED HArford County. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS DR	Md.
**	12-	Bel Air gue street address) during most of working life, even if returned and a griculture for the street address and a gricul	•
el-	odm	FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost	
,		John Choate Matilda Edwards	_
The state of the s		Yes, no, or Juknown) (If yes give war or doles of service) 218_54_0146_J1 Mrs. Mabel C. Tharpe Bel Air Md. 21014	
		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF -	
		Conditions, if only, which gove rise to immediate course (a). Stating the underlying course (b) Circles & Clarate (V) Dislare (b) Great (b) DUE TO, OR AS A CONSEQUENCE OF	,
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
7.	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?	
	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M.	
	₩.	While Not while OFFICE BUILDING, ETC.	
		220. I certify that (I) (this hospital) ottended the deceased from	ost the
		22b. SIGNATURE DEGREE PHYS MED DIRECTOR STAFF Nov. 20, 1968	
V		22d. PHYSICIAN'S NAME (Type) J. Ralph Horky, M.D. 22e. Address Churchville, Maryland 21028	
. "	_1	BURIAL (REMATION, BENDAL Specify) Nov.23.1968 Mt. Zion Methodist Ch. Cem. Bel Air. Harf. Co. Md. 21014 FUNCEAL DIRECTOR W. Broadwaypres Williams St. 250. REC'D BY REGISTRAR SIGNATURE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL Specify Co. Md. 21014 EVALUATION OF TOWN O	ļ.
0	24.	FUNERAL DIRECTOR W.Broadway Williams St. 250. REG'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE DANOV 2 2 1968	

MAKILAND STATE DEPARTMENT OF HEALTH



	1		AND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORT	OS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		15958	CERTIFICATE OF DEATH
death.		ECEASED NAME First Middle Type or pnnt) Cachit	Cox 2a. DATE OF DEATH 2b. HOLLR
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w the to	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	May 11, 1896 72 YRS
d jir b		N.C. U.S.A.	WIDOWED DIVORCED HAY ford Md
within 24 hours after death lely filled in by the funeral ban papers. Res 1 and 3 within 72 hours offer death	10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OF THE STREET GODIES STREET	RINSTITUTION (If not in hospital during most of warking life, even if retired.) Nem. Los p. Barmer 126 KIND OF BUSINESS OR INDUSTRY Farming
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physician ben please oval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, not of unknown) VIV. 1 166 SOCIAL SECUR VIV. 1 17-12-	7128 Mrs. Verna Cox Pylesville, Md
nt the death ce the attending ist permit. The matian, or rem		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A COSSQUENCE (b) stating the underlying cause 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and part of the cause (a). DUE TO, OR AS A COSSQUENCE (b)	Elac Decomplusation 6 days.
Page 4 may be retained by the haspital or attending physician. • Fundamental DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept of Health priar to burial, cree	CERTIFICATION	PART OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BU AND LYBER SIGNIFICANT CONDITIONS CONFIBUTION OF DEATH BU 190. DATE OF OPERATION A 9b. COND.T.ON FOR WHICH OPERATION WA	CAIKES OF DEATHS
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TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	L	22a I certify that (I) (this haspital) attended the decision saw the deceased alive an	eased from $11-7-31$, 19.58, to $11-18$, 19.58, that (I) (we) last 19.58, and that in (my) (aur) opinion death accurred on the date and hour and from the
ATTENI Grained Growing Should	L	causes stated above (1) (we) (did) (did not) views	22c DATE SURNED
OR be re DIREC	1	Charlet (s	Demo DEGREE PHYS DIRECTOR DIRECTOR PHYS DI 11/12/68
O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3 should be filled a		22d PHYSICIAN'S NAME (Type) Edward C. Le	o, M.D. 220. ADDRESS faire de Grace, and.
HOS age 4 FUN FUN hould	230		OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)
in in its	24	BUT131 11/14/1968 Bel FUNERAL DIRECTOR ADDI	Air Mem. Gardens Bel Air, Harford, Md. RESS 1250, REC'D BY REGISTRAR 1256, REGISTRAR'S SIGNATURE
30M REV. 1/68		Torretone Division	sville, Md. DATE NOV 14 1968 Clearly Judge



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5		15958	DIVISION OF VITAL I		RESTON STREET, BAL ATE OF DEATH	IIMORE, MARYLAND 21201	1597
	Î D	ECEASED NAME Type or print)		A.ddle	Lost	20. DATE OF DEATH	2b. HOUR
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二年 丰 型 四		of work Not while	/ OFFICE BOIL	DING, ETC.			County State
by Affer Stat		220. I certify that (I) (saw the deceased	this hospital) attended the	ne deceased from	June , 19	inion death accurred on the	19_ 68 , that (I) (we) lost
ATTENDIN etained by CTOR: Afte shavid be ith the Sta		cantel stated abo	ve, (l) (we) (did) (dip nat)	view the body offer o	i myr m (my) (our) op leath.	inion dearn accurated on the	date and nour and from the
OR ATTENDIN be retained by JIRECTOR: After is 3 shauld be ed with the Sta		226 SIGNATURE	1 r/1. On		ATTENDING M	MED STAFF 22	C DATE SIGNED
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Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be calculated with the State		22d PHYSICIAN'S NAME (Type)			22e. ADDRESS		//
D HOSPI Page 4 n Funer director, shauld b	23o.		b. DATE 230	NAME, OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 4 4 ()	Li	REMOVAL (Specify)		ne Drove Un	ited meth len	Pine Brose,	med.
VR ALETEN	24.	FUNERAL DIRECTOR	0 00. 1 4	ADDRESS		BY REGISTRAR 2Sb. REGISTRAL	R'S SIGNATURE
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FOR STATE		15959 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 4 * 1
HEALTH DEPT.		DECEASED-NAME / First Mode Lost 20 DATE KNOWN CRY Month Day	Yeor 2b HOUR
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		D. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or the pown) (H yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Femily Same	
be executed wif "pending" in perief Medical Exononsist permit. File event within 72		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Crush. vg / 2545-yf. Ch est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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AL EXAMINER: This certificate should be executed within execute the certificate, writing the word "pending" in penal or. Page 4 should be forwarded to the Chief Medical Examine of tar your files. TOR: Page 3 should be used as a burial transit permit. File pagarial, cremation, or remayal, and in any event within 72 hau	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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bical Examiner: se execute the certi- sctor. Page 4 should ned far your files. ECTOR: Page 3 shoul	W	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while nor wh	nty Stote
CAL EXAM execute the or. Page 4 far your CTOR: Page buriet, crem			and in my apinton
please exect fullector. Por retained far I DIRECTOR: for to buriol,		death resulted from: Notural causes, Accident 🔀, Suicide, Hamicide, Undetermined manner	
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ro DEPUTY DICAL EXA necessary, please execute the funeral director. Page 5 may be retained far you TO FUNERAL DIRECTOR: Page Health prior to buriel, cre		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	26-68
necessal he funce 5 may b TO FUNE Heolth	230	O BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County	ly) (Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15979 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME First Yeor C 20. DATE KNOWN Month Dov (Type or Print) ESTI-WALTER RUSSELL FAMOUS DEATH MATED IX 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. 2c DATE PRONOUNCED DEAD 2a HOUR Month Now Doy Dec. 14.1903 Male White Departi YRS 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED 9 COUNTY OF DEATH (vrtnuos Md. Harford USA WIDOWED [DIVORCED [the State 11. NAME OF HOSPITAL OR INSTITUT ON (If not in frospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR atong with Harford Memorial Hospital during most of working life, even if retired.) Garage owner-opre INDUSTRY Havre de Grace 130 USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN +3d. INSIDE CITY JUM TS? 13e STREET AND NUMBER odmission) STATE 136. COUNTY Harford 3108 Philadelphia Road Abingdon YES SE NO after 14 FATHER'S NAME Middle Feest IS MOTHER'S MAIDEN NAME First Middle Parker Famous Rose Swanner hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Abingdon. Md. (Yes, no, or unknown) (If yes give war or dates of service) Exam Iida C. Famous, 3108 Philadelphia Road 218-32-1493 File APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH shauld be farwarded to the Chief Medical ry Occlusion PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gove nse to immediate couse (a), word ony DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) certificate 0 20 removal 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? CERTIFICAT WAS PERFORMED? the certificate, NO DY 21o EXTERNAL CAUSE WAS 21b, TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port I or Port 2, Item 18.) should HOUR A M MEDICAL PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R F D. No. City or Town (ounty Stote factory, office building, etc.) AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy [7], Inspection 🖂 Inquiry ... > and in my apinion Natural causes 24. Accident . Suicide . death resulted from Undetermined manner Hamicide CHIEF MEDICAL EXAMINER prior **ACTIIA1** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER 11-19-6 DEPUTY MEDICAL EXAMINER T 5 may O FUNE Health **EXAMINER'S** Gerald C. Palmer, M.D. NAME (Type) ADDRESS(Street, city, town, or county) 23c NAME OF CEMETERY OF CREMATOR 230 BURIAL, CREMATION 23b DATE Yal Gardens Rel air (State) 24. FUNERAL DIRECTOR

DATE

Howard K. McComas & Son, Abingdon, Md.

VR A15ME (5)

TOM REV 1/68

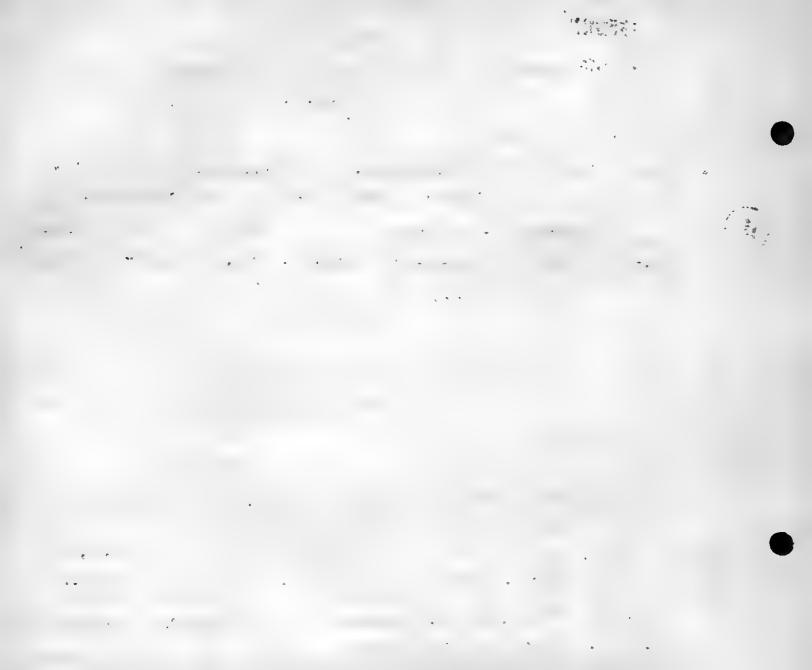


DIVISION OF VITAL RECORDS		MORE, MARYLAND 21201	15070
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live on / Yo V . 2	1968, and that in (my) (aur) app	nion death accurred an the do	ate and havr and fram the
, (I) (we) (did) (did not) view the	bady after death.	100-	DATE SIGNED
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14116	11113	KECTOK - PHYS 7	2 6 6
	LEC. HOUNCES		
DATE 23c NAME OF	CEMELERY OR CREMAPORY	T 23d LOCATION (City of Town)	(Coulity) A (State)
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In /s/and	wase 1114 DATENOV	6 1968 files	nes judge
	DIVISION OF VITAL RECORDS A Middle 4. RACE White 7b. CITIZEN OF WHAT COUNTRY? 11 NAME OF HOSPITAL OR IN give street address.) BED FORCES? Or or daves at service) Widdle Last A Last	CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CALLIO N 4. RACE S DATE OF BIRTH JAN 28 75. CHIZEN OF WHAT COUNTRY? 4. RACE WHO WED NEVER MARRIED DIVORCED	A. RACE S. DATE OF BIRTH COUNTRY COUNTRY OF DEATH COUNTRY OF

	l .			D STATE DECARTINE			1597	11
		15962	DIVISION OF VITAL RECORDS,			YLAND 21201	1077	1)
		T230m		CERTIFICATE OF D	EATH			
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	3 SE		4. RACE	S. DATE OF BIRT	Н	A AGE (In years	IF UNDER 1 YEAR IF	UNDER 24 HRS
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	10 0	fary land	11 NAME OF HOSPITAL OR IN:		120 USUAL OCCUPATION	Harford (Vind at work days	12b. KIND OF BU	Md.
4	10. 0	IT OR TOWN OF DEATH	give street address)	,	during mast of working	ife, even if retired)	INDUSTRY	
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~		ssion) STATE	sed fived if institution: Residence before 13b. COUNTY	V	H INSIDE CITY LANTS? 130. STR	EET AND NUMBER		
*		Darlington, Md.	13b COUNTY Harford	Darlington	<u> </u>			
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I		NOBE.	RT GEORE	GE ELIZ	. A		STANIFO	RD
		WAS DECEASED EVER IN U.S. ARI	MED_FORCES ² 16b. SOCIAL SECURITY	A	- 11	Address	*4	
		es, no, or unknown)		998 ANNIS 7	, GEORGE	DARLING),
		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b) and (c)) 1			PETWEEN ONSE	E INTERVAL T AND DEATH
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		stating the underlying cause.	walls of loss of	1 In Tro	STAIN			
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	본		CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPS	V2 20h IF	YES, WERE FINDINGS CO	INSIDERED IN CERT	TEYING
V	CERTIFICATION			YES		OF DEATH?		
/	18	210 ACCIDENT WAS UNDERLYIF	NG 216 TIME OF INJURY		RRED (Enter noture of injur	u in Part 1 or Part 7 1	tom IR \	
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day Year		wee fears upins or usin.	7 11 1011 1 01 1011 2, 1	101)	
	MEDICAL	(If either, notify medical examinated Injury OCCURRED 21e			as DED No.	an Taura	County	State
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		22a. I certify that (I) (th	is haspital) attended the deceas	ed from 1 AV 2	, 19 <u>to 8</u> , to	coursed on the de-	to and hour a	(we) last
		causes stated abov	e, (I) (we) (did) (did nat) view the	bady after death.	(an) abililan aeath a	ccurred on the da	ie and nour an	in itour iu 6
		22b. SIGNATURE / /	9,17,1.07(0.07(0.07)1011101			220 0	ATE SIGNED	
		1/1/1/1/1	Un & Sulling	DEGREE PHYS	MED DIRECTOR	STAFF /	119/68	
1		22d. PHYSICIAN'S	-up process	22e. ADDRE		rms — [11100	
1		NAME (Type)	Dudley Phillips			7 2		
-	02-	DIGITAL CREMATION 225		CEMETERY OR CREMATORY	lington, Man	N (City or Town)	((auah-)	(State)
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-	1	Markentthis	my / favirle	succession !	440 A T 9 1900		VA O	



1	15963	DIVISION OF VITAL RECORDS,		ALTIMORE, MARYLAND 21201	15077
	DECEASED-NAME First (Type or print) - GEO	Middle	CERTIFICATE OF DEAT! GROSS	20. DATE OF DEATH November 18	2b. HOUR
3. 9	SEX Male	4. RACE White	S. DATE OF BIRTH	6. AGE (In years	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7o. €¤1	BIRTHPLACE (State or fore gn	75 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Harford	Md
E	CITY OR TOWN OF DEATH Havre de Grace	11 NAME OF HOSPITAL OR INS give street oddress) 505 Congress	Ave. during	ISUAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY Railroad
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14	FATHER'S NAME First Josephu	Middle Lost S Gross	35. MOTHER'S MAIDEN NAM	E First Middle Ida Kate	Starleper
16	G. WAS DECEASED EVER IN U.S. ARMI			Address ross, 500 Edgewood	Md Road, Edgewood
NO	1 2 3 4	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO			CALCOLOGO IN CENTENIA
CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PER	YES NO	20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examini 21d. INJURY OCCURRED While Not while at work at work	HOUR A.M. Month Doy Year P.M. 15 LACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f. LOCATION Street or R.F.D.		Caunty State
	220. I certify that (1) (this saw the deceased all courses stated above, 22b. SIGNATURE	s hospital) attended the decease ve onl (I) (we) (did) (did not) view the	ed fram // / Z, 1 9 6 d, and thot in (my) (our) body after death.	9 6 7, ta 11-12, 19 opinion death occurred on the de	
	22d. PHYSICIAN'S NAME (Type) Gunther	r D. Hirsch	DEGREE ATTENDING PHYS. 220 ADDRESS 131 S. U	MED. STAFF NO	DATE SIGNED v. 18,1968 Grace, Md.
			CEMETERY OR CREMATORY Cometery	23d. LOCATION (Gry or Town) Sharpsburg W	(County) (State)
24	4 FUNERAL DIRECTOR	ADDRESS & Son, Abingdon	25g, R5C	ORY 2018 RAR 1968 256. REGISTRAR	SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH 15973 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 1. DECEASED-NAME Middle Month 24 (Type or print) ALLAN SOUTHWORTH TNGALLS Nov remave carban papers. Pages 1 in any event, within 72 hours after 5 DATE OF BIRTH IF JINDER 1 YEAR 4. RACE IF LINDER 24 HRS 3 SEX AGE (In years be executed within 24 haurs after lost birthdoy) HOURS Male White 2h Feb 1h 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED [X NEVER MARRIED [7o, BIRTHPLACE (State or foreign conntry Mass. and campletely filled in remave carban papers. United States WIDOWED | DIVORCED Harford, County 11 NAME OF HOSPITAL OR INSTITUT ON (If not in haspital 10 CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) 406 during most of working life, even if retired.) Edgewood , Arconal Army 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 34 INSTITE CITY . M TS2 3e, STREET AND NUMBER 13b. COUNTY Marvland Harford Edgewood 406 Oak Street Lost 1s. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Middle INGALLS ALLICE WALTER NMT COLLINS BEMENT 16b SOCIAL SECURITY NO. 17 INFORMANT Address certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) or dote of source ANNA B. INGALLS 406 Oak Street Edgewood, Md. 003-03-2361 Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending the director, page 3 should be detached for use as the burnal-transit permit. The should be filed with the State Dept. af Health priar to burial, crematian, ar remay 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART .. DEATH WAS CAUSED BY requires that the death Probable acute myocardial infarction Hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Vascular Disease Conditions, if any, which gove Years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE ORCONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g. AUTOPSY? CAUSES OF DEATH? YES TX NO 🗀 210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street of R.F.D. No. City or Town State 21d IN. JRY OCCURRED County White Not while at wark 22a. I certify that (I) (this hospital) attended the deceased fram... that (1) (we) last saw the deceased give on _______, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death. 22b, SIGNATURE ATTENDING STAFF PHYS. DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) B. WILMETH, MD USA DISPENSARY, EDGEWOOD ARSENAL, MD. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (Stote) 23b. DATE 23g. BURIAL CREMATION. Va. Fort Myer Arlington National 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 [4] Howard K. McComas & Son, Abingdon, Md. 30M REV. 1/68



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the hospital or attending physician. TO FUNETAL DIFFICTOR: After this certificate has bein signed by the attending physician and completely director, page 3 should be detached for use as the buriol-troffish permit. Then please remove carbon should be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, with	730	BURIAL, (REMATION, 23b	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(Caunty) (State)
E B C Sign	7.50		6 Nov. 1968 Grove			ord) Maryland
5-5-	24	FUNERAL DIRECTOR	Darring Functi		BY REGISTRAR 25b REGISTRAR 5 S	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1031 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED NAME M·ddle F rst Eost 2o. DATE KNOWN□ Month Yeor 2b HOJR (Type or Print) ESTI-DEATH MATED [1968 IF LINDER 1 YEAR 3 SEX 4 RACE S DATE OF BIRTH ABE In years IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR ast birthday) 28 March 1921 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH Office olong with form U.S.A. Maryland WIDOWED [DIVORCED F Harr ord Item 18. Give Poges the State 10 CITY OR TOWN DE DEATH 11. NAME DE HOSPITAL OR INSTITUTION (If not in bosoital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTR' 130 USJA. RESIDENCE (Where deceased lived, if notiful on Residence before 13c City OR TOWN 43d NSIDERCTY JIMITS? 13e STREET AND NUMBER 1/3b. COUNTY Delaware odmission) STATE I NO I after Middie 14. FATHER'S NAME First Lost IS MOTHER'S MAIDEN NAME Lost W.T.J. (Deceased) Keyser (Deceased) Lura Lee This certificate should be executed within 24 hours ⊆ podes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes_no or unknown) Kathleen Dahler. Baltimore, Md. 21220 575-24-9058 es APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY permi the certificate, writing the word "pending 4 should be forwarded to the Chief Media IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). Ony I DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= puo PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4) o removal, CERTIFICATION nsed 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES TO NO 0 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year should 21c-HOW INJURY OCCURRED (Enter nature of hipry in Part 1 or Part 2, Item 18) PRIMARY TO OR CONTRIBUTING cremation, CAJSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE R4 m 22a. I certify that I took charge of the remains described above, held an Autopsyll Inspection 🗷 nourry the funeral director. death resulted from-Suicide Natural causes Homicide Undetermined manger Accident CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 moy 70 FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city town or county) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Dec. 1968 Arlington National Cemetery, Fort Myerm Virginia 250 REC D BY REG STRAR 25b REGISTRAR S SIGNATURE berdeen, Md. 21001 VR A15ME (5) 1969 TOM REV 1768

MARYLAND STATE DEPARTMENT OF HEALTH

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			MARTLAND STATE DEPARTMENT OF HEALTH	
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TY SICAL EXAMINER: y, please execute the certificated director. Page 4 shauld be retained for your files. (AL DIRECTOR: Page 3 should prior to buriol, cremation,		WHILE AT WORK AT WORK	building, etc.)					
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ro DEPUTY necessary, the funeral 5 may be 10 FUNERAL Health pri		NAME (Type) Gerald C. Pa			DRESS(Street, city taw			
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15983
	15969 CERTIFICATE OF DEATH
executed within 24 hours after death." Ind completely filled in by the funeral emove carbon pages. Pages 1 and 2 any event, within 72 hours after death.	1 DECEASED NAME (Type or print) 3. SEX 3. SEX 5. DATE OF BIRTH COUNTY OF TOWN OF DEATH 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 13. SUMAL RESIDENCE (Where deceased lived, if institut on Residence, before 13c. CITY OR TOWN 13. SUMAL RESIDENCE (Where deceased lived, if institut on Residence, before 13c. CITY OR TOWN 13. STREET AND NUMBER 20. DATE OF DEATH Month Month Day Year 14. AGE (In years 15. AGE (In years 16. AGE (In yea
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The law requires that the deoth certificate attending physician. has been signed by the attending physicianse os the burial-transit permit. Then pleas the purial-transit permit. Then pleas XX	18. CAUSE OF DEATH (Enter only one cause per line for (a) to), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSERVENCE OF. Conditions, if any, which gave rise to immediate cause (a). Stoting the underlying cause (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
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TO HOSPITAL (Page 4 may b TO FUNERAL D director, page should be file	NAME (Type) Charles J. Folly JR. M. HAVRE de GRACE, Md. 23d. BUR AL (REMATION, 23b. DATE 18 Nov 68 St Josephs Cemetery Beaverdale, Penna (State)
VR A15 (4) 90M REV. 1/68	24. FUNERAL DIRECTOR Funeral Home Aberdeen, Maryland Larinov 15 1968 Clientes Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 155 9 15970 CERTIFICATE OF DEATH DECEASED-NAME First Last Middle 2a DATE OF DEATH (Type or print) RUTH ELIZABETH MASON November 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR last birthoay) 6 March 190h Female Caucasian within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED New Jersey as been signed by the attending physician and campletely filled in as the burial-transit permit. Then please remove carbon papers. priar to burial, crematian, ar removal, and in any event, within 72 h U.S.A. DIVORCED T WIDOWED | Harford 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR Darlington Ave. Secretary INDUSTRY U.S. Govt. give street oddress) Aberdeen 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY 143 Darlington Ave. arvland Harford Aberdeen 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Last Lost (D) James Cherry Louise Gerdom (D) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, prynknawn) (If yes give war or dates of service) 074-10-7563 Charlotte Neimark, Aberdeen, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH LIVER CARCINOMA signed by the attendii burial-transit permit. MB DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) LSEASE HEART **CO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to ARTERIOSCLEROTIC 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO KOK 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of miury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 7 8 6 8, 19 to 17 6, 19 that (1) (we) last sow the deceased alive on 13 6 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (Two) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN NAME (Type) B.J. Plunkett Jr 617 W. Bel Air Ave. Aberdeen. Md. 21001 23a BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Nov. 68 St Georges Cemetery (Harford) Maryland Perryman, 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE farring Funeral Home 1968 DATE NOV 19 Aberdeen. Md. 21001



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		- 1	1	MARYLAND STATE DEPARTMENT OF HEALTH
	- 1			15972 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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1	1	15973 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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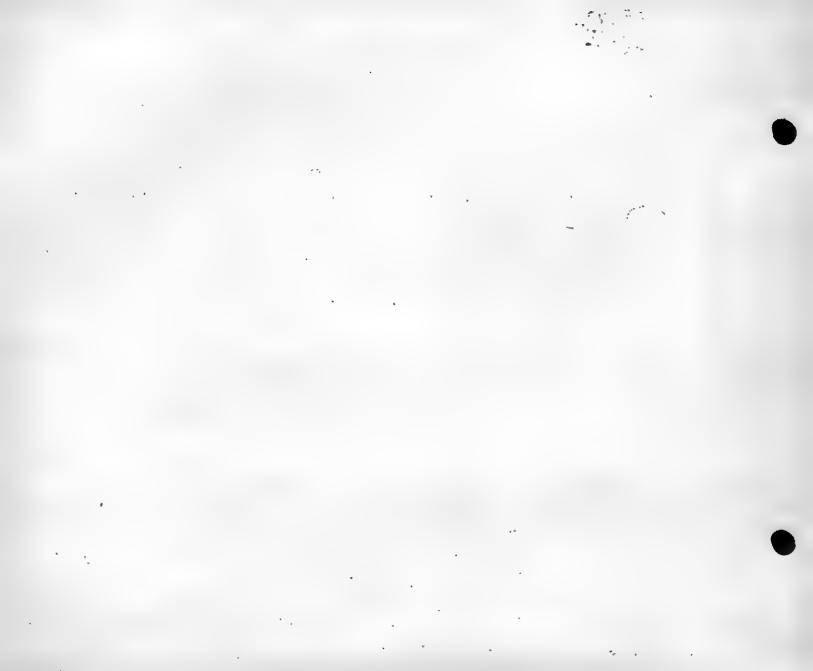


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	7o.	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ie D		Tenn. U.S.A. WIDOWED DIVORCED Harford County,	Md
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7 0 4		220 certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry 3.	ond in my opinion
Se execution of the first of th		death resulted from. Noturol causes * , Accident , Suicide , Homicide , Undetermined monner	. ,
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10 10 He	23 c	to BUR AL CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (City or Town)	(Stote)
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VR A15ME (5)	24	FUNERAL DIRECTOR W. Broadway ARREWILLiams St. 250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNAL DIRECTOR DATE NOV 1 0 1968 UCLO	
10M REV 1/68	_	J. HOLL IN THE MINE AND THE MINE WILL IN THE MINE AND THE	was Judge.
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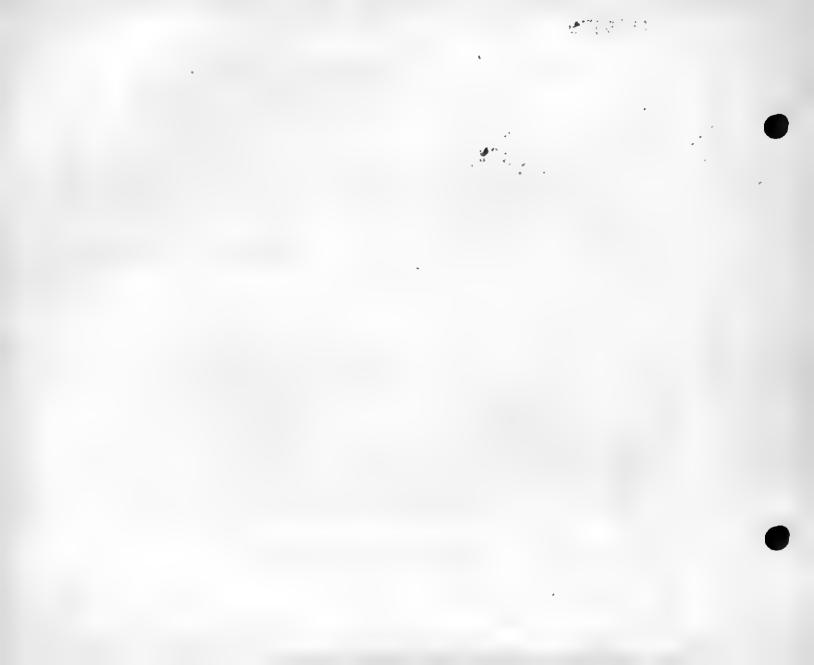




		MARYLAND STATE DEPARTMENT OF HEALTH
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- Andrews		CERTIFICATE OF DEATH
€ A - 5 €		CEASED NAME, First Middle Last 20. DATE OF DEATH 2b. HOUR
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Solve Company A ever	Julis	SSION) STATE Maryland 136. COUNTY Starford Have de Gran YES 1 NO 1 801 Harfield Koad
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		Robert Childe no Record.
physician. signed by the ottending physician c buriol-tronsit permit. Then please burial, cremotion, or removal, ond in	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address & C.I. Harfer Lie & 2 2 3 50 50 50 50 50 50 50
phy:		The Short of the start of Nation of the start of the start of the
equires that the death certifi physician. signed by the ottending phy buriol-tronsit permit. Then burial, cremotion, or remova		18. CAUSE OF DEATH (Enter only one cause per sine for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY-
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SIC Spiriting Partificial Partificial	MEDICAL	(If either, natify medical exominer) P.M. 19
hor	2	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County State While) Not while
det the det		While Not while of work OFFICE BUILDING, ETC.
DIN by Sto Sto		22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we) las saw the deceased olive an
Ned Ned the		course stated above (1) (wa) (did) (4/4 pat) view the body after death
State of the state		225 SIGNATURE 220 DATE SIGNED
may be retained by if RAL DIRECTOR. After poly 3 should be d be filed with the Store	1	DEGREE PHYS 60 DS. ORECTOR DI APARE.
AAL Dog of the post of the pos	l	22d. PHYSICIAN'S NAME (York) 22e. PAPPETERE DE GRACE, MD.
SPIT 4 m 6 m or, 1		NAME (Type)
Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	23 a.	BURIAL, CREMATION, 236 DATE 23C., NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State)
5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		REMOVAL (Specify) 11-26-1968 Berkley Cemetery Karlington Harford Med.
VR A15 [4].	24.	FUNERAL DIRECTOR ADDRESS \$ 6,5 ewis dh 256, REC'D BY REGISTRAR SIGNATURE
VR A15 [4] 30M REV. 1 (48-1)	1	Italia & Bullock I favre de Grace, mel. DATE NOV 29 1988 Peliarlas Judge



_ / 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	15978 CERTIFICATE OF DEATH
- 22	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
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er death funeral 7 and 1er death	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 1 Funder 1 YEAR) IF UNDER 24 HRS.
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S ASSES	70. BIRTHP.ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED STATEMENT 9 COUNTY OF DEATH
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2 2 2	110. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL OR INSTITUTION (If not in hospital \$12a. USUAL OCCUPATION (K.n.d. of work done 12b. KIND OF RUSINESS OR
within within	Havre de Grace, MD. Gitizens Nursing Home duning most of working life, even if retired) INDUSTRY Company duning most of working life, even if retired)
→ y 5/2	13a. USUAL RESIDENCE (Where deceased lived, if institut an Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER TALL PLANTS.
e e e	admission) STATE Company of 13b COUNTY How force Newark YES NO 912 Picket Lane
equires that the death certificate be executed physician. Signed by the attending physician and cample burial-transit permit. Then please remave can burial, crematian, ar remaval, and in any event	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
be n al	WAll'S O. ROJETS LIA ITEME EYETEST
cate Sicia plea , an	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (Il yes give war or dates of service) 16b SOCIAL SECURITY NO 17 INFORMAN(Sombler) 368-5644 912 Picketh Land
phy en l aval	NO 215-09-5013 THE CIA IC. 1000 JC MENTER DELA-ALE 1971
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DING PHYS by the has frer this ce be detathe State Dept.	While Nat while at wark A transfer of wark
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TENDIN ined by OR: Afte auld be the Sta	saw the deceased alive an
ATTENI retained ECTOR: A 3 shauld with the	22b S GNATURE 22c DATE SIGNED /
OR Se re red w	Siciente Strates DEGREE PHYS DIRECTOR D
	22d. PHYSICIAN'S 22e. ADDRESS
SPIT 6 m er, l	NAME (Type) Dr. Ralph Horky - Churchville, Maryland
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230 B_RIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d _OCATION (City or Town) (County) (State)
2 2 2 7	Burin Nov. 5, 1968 BELAir MEMORIAL Gredens BELAir, Harford Co, Mangland 21014
VR A15/4/	24. FUNERAL DIRECTOR W. Broad ADDRESS will strong St. 250. REGISTRAR'S SIGNATURE STORED WITH AND TOSTER BET THE CHARLES STORED S
30M REV. 1/68	Joseph William Poster Bed Air Mayland 21014 DATE 100 0 1308 guilde Judge



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		15979 CERTIFICATE OF DEATH
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coppletel	odm	USUAL RESIDENCE (Where deceased lived, it institution, Residence before 13c LITY OR JOWN / 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER 15sion) STATE 17b COUNTY 17c CREGIT ARMS
be ex	14	ATHERS NAME Sirest Middle Mastern Is MOTHERS MAIDEN NAME First Middle Flushgely
rtificate ohysicia en pleas	160	WAS DECEASED EVER IN L'S ARMED FORCES? (es, na, ar upknown) (If yes give war or dates of service) 220-16-9664 HOSPITAL TRECORDS HAUREDEGRACE MD
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur director, page 3 shauld be detached far use as the bur alternit. Then please remove carbon pages Pages 1 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any eyear, with 1822 ours after shauld be filed with the State Dept.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) PART 1. DEATH WAS CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF
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w requing physen signature but the burner	S	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
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ICIAN: pital ar rtificate d far u af Heal	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19
S PHYS the has this ce detache	W	21d INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County Stote
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O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauid be filed with the		226. EIGHATURE JOURNALUR MD * DEGREE PHYS MED DIRECTOR D STAFF
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TO HC Page To Fug direc	12	BURIAL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY DENTON CAROLINE MD.
VR 4 5 14 30M (RV., 11 768	24	FUNERAL DIRECTOR N. KENNEDY STILL POND, MD. DATE NOV 6 1968 Cliarles Judge

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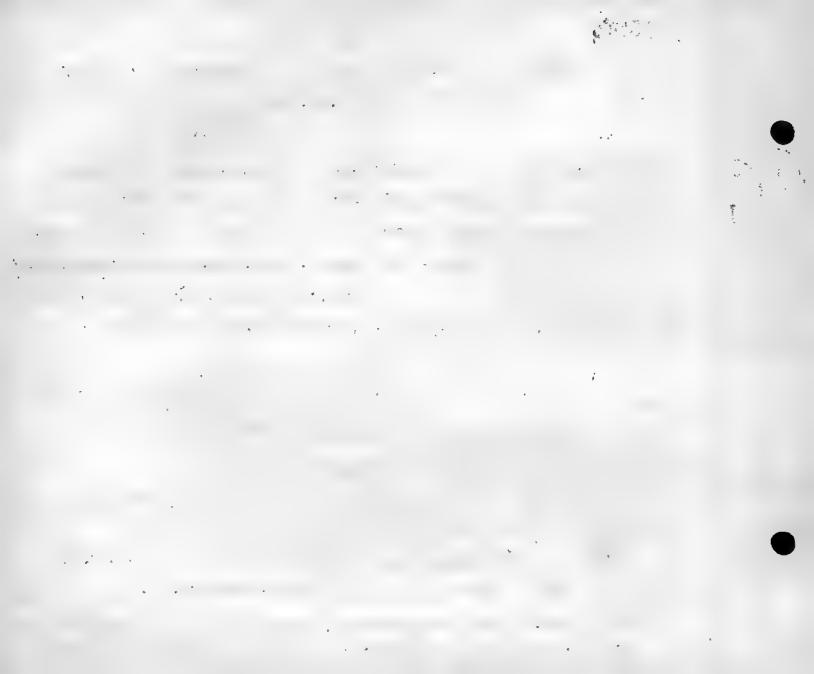


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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15989 15394 CERTIFICATE OF DEATH DECEASED-NAME Eirst Middle Lost 20. DATE OF DEATH 2b. HOUR deoth ero (Type or print) RAYMOND JAMES SCOTT Month November ve corbon papers. Teges 1 event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS loss birthdoy) MONTHS DAYS HOURS Male White May 6, 1912 YRS. 7o. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED NEVER MARRIED country) Md. Harford USA DIVORCED [7] WIDOWED executed within 24 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, eyen if retired.)

Auto mechanic give street oddress) INDUSTRY Churchville Bramble Lane garage 13a USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 34 INSIDE CITY LIMITS? odmission) STATE MO 13b. COUNTY Harford YES 🛨 NO Bramble Lane Churchville 14. FATHER'S NAME M.ddle Middle Lost 1S. MOTHER'S MAIDEN NAME First First Walter Scott Francis Peine requires that the deoth certificate be-Anna TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detoched for use as the burial-tronsit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, pr unknown) 214-18-7199 Scott, Bramble Lane, Churchville, Md Naomi T. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) TETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) 9 CC/ US 10V DAGNIE D tm ina DUE TO, OR AS A CONSEQUENCE OF 51197515 Conditions, if only which gove? rise to immediate couse (o). DUE TO. OR AS A CONSEQUENCE OF be retoined by the hospitol or attending physician. stoting the underlying couse SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🖃 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. / AT HOME, FARM, STREET, FACTORY) 216 LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County OFFICE BUILDING, ETC While Not while at work 220. I certify that (1) (this haspital) atlended the deceased from U saw the deceased all ver an 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes that a phase (i) (we) (did not) view the body after death. 22b SIGNATUR 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. Nov. 29.1968 PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Peter P. Rodman 8 Law St., Aberdeen, Md. 23a BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ((county) (Stote) BLIQUAL (Specify) Air Memorial Gardone By REGISTRAR Harford 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATUR VR A15 (4) Milantes Howard K. McComas & Son. Abingdon, Md. DATDEC 2 1968

MAKTLAND STATE DEPAKEMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH		
1 - 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
		15982 CERTIFICATE OF DEATH		
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OR ATTENDING PHY be retained by the h DIRECTOR: After this ge 3 shauld be detac led with the State Dep		226 SIGNATURE STAFF 22c DATE SIGNED 22c DATE SIGNED		
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1056 UNE CONE	230.	BURIAL, CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)		
Page 5		BURIALIN NOV. 30, 1968 WHITING CEM. DROOPMT. BOAHONTASG. W. VI	4.	
VR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR 250. REGISTRAR 256. REGISTRAR 1256. REGISTRAR'S SIGNATURE 250. REGISTRAR 1256. REGISTRAR 125		
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1590		
15982 CERTIFICATE OF DEATH	A. 72 97 37	
DECEASED-NAME First Middle Lost	20 DATE OF DEATH North Day Year 2b, HOUR	
Jane Jarah Jherpara	. 11 1 68 6/ N	
SEX A RACE TO DATE OF BIRTH	6 AGE (in yeors IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	
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drission) STATE MA 136 COUNTY + CORTORA (BERGER 71 YES NO	1 4/8 Washinglon	
4 FATHER'S NAME FIRST Middle Lost 15 MOTHER'S MAIDEN NAME FI	- 11	
CLOCKA CONTON TIGRALE	ell ann Jacco	
Yes, no, or unknown) (If yes give war or dottes of service) 219-01-3186 Mar. Hendel	Pl Standard Charles ma	
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROX MATE INTERVAL	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Throm boxes	BETWEEN ONSET AND DEATH	
4/20 DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if ony, which gave (b) (b)		
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCC	ONDER ON GIVEN IN PART I(0)	
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	nature of injury in Port 1 or Port 2, Item 18.)	
OR COMPRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year		
White Not while OFF CE BUILDING, ETC	City or Town County State	
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	eb, ta // / , 1928, that (1) (we) las	
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saw the deceosed alive on, and that in (my) (our) oper couses stated above, (I) (we) (did) (did not) view the body after death.		
saw the deceosed alive on	ED STAFF 22c. DATE SIGNED	
saw the deceosed alive on	22c. DATE SIGNED	
saw the deceosed alive on	ED STAFF 22c. DATE SIGNED PHYS. 11 2 68	
saw the deceosed alive on	ED STAFF 22c. DATE SIGNED RECTOR PHYS. 1 2/68 ton St. Haured-Grace Md. 23d EQCATION (City or Town) (County) (State)	
saw the deceosed alive on	ED STAFF 22c. DATE SIGNED RECTOR PHYS. 11 2/68 ton St. Haured-Grace, Md. 23d. EO(ATION (City or Town) (County) (State) Carlington, Harford, Wed.	

MAKTLAND STATE DEPAKTIMENT OF HEALTH

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1		15983 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	1000.
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l ond 2 ar deoth.		DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type or pr-nt) 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Year 2b. HOUR
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	70.5	1 EMAI - 1070 12 10.	
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nt.		James. — Hilton Florence —	Becraft
	16c	g WAS DECEASED EVER IN U.S. ARMED FORCES? 116b SOCIAL SECURITY NO. 17 INFORMANT Address	
	Y	Yes, No unknown) (fyes give wor or dates of service) None Mr. Gilbert Simmers Port Di	eposit Md
		18 CAUSE OF DEATH (Enter only one couse per line form(o), (b), and (c).)	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY. (d) Carcenopie Pancress of Stomash	6 moits
		1990 DUE TO, OR AS A CONSEQUENCE OF	
		Canditions, if any, which gave rise to immediate cause (a).	
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		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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2	TIFIC	YES NO CAUSES OF DEATH?	-
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	MEDICAL	I/If either, not fy medical examiner) P.M. 19	
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		22a. I certify that (1) (this haspital) attended the deceased from how 1968, to Nov 7-, 1968	that (1) (we) last
		saw the deceased alive an hour \$ 1968, and that in (my) (aur) apinion death accurred an the date an	d have and from the
		causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE 5	ICHED
		CENTRALISO J. STATE DEGREE PHYS DIRECTOR DIRECTO	x-8-1938
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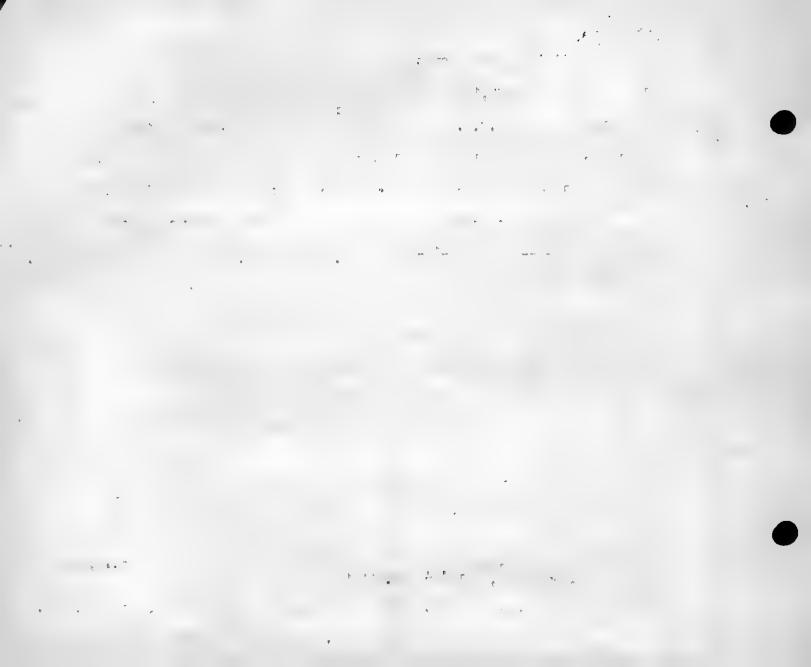


	15984		. 301 W. PRESTON STREET, B CERTIFICATE OF DEAT	BALTIMORE, MARYLAND 21201 [H	15998
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2 2 2	Female	White	19 April 1	F(Ca)	
h b	7a. BIRTHPLACE (State or foreign country) Germany	7b. CITIZEN OF WHAT COUNTRY? Germany	B. MARRIED NEVER MARRIED		
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exe ema any	14. FATHER'S NAME First	M ddle Lost	IS MOTHER'S MAIDEN NA	AME First Middle	Loss
n ar se ri	JOHANN	NONE WILI			GISCHEK
requires that the death certificate be executed physician. Signed by the attending physician and cample burial-transit permit. Then please remave a burial, crematian, ar remaval, and in any ever a burial, crematian, ar remaval,	160. WAS DECEASED EVER IN U.S. AR Yes, no prunknown) [18 yes give	MED FORCES? was or dates of survice) 16b. SOCIAL SECURITY 213-16-31		Address Address	4000
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REND ned R: A nuld the 9	sow the deceased causes stated above	alive on	bady after death.	19, ta, 19) apinion death occurred an the do	ote and havr and fram the
AT AT Sha sha with with	22b. MGNATURE	1-11.	ATTENDING (22c	DATE SIGNED
OR be r	73/1	Kellam	DEGREE PHYS	DIRECTOR D STAFF 7	November 1968
PITAL FRAL Jr., pa	22d. PHYSICIAN'S NAME (Type) F. S.	Williams	22e. ADDRESS US Kirk	Army Hospital, APC	G, Md. 21005
Page 4 may be retained by the haspital ar at of Funeral DIRECTOR: After this certificate hadirectar, page 3 shauld be detached far use shauld be filed with the State Dept. of Health.		DATE 230 NAME OF 11/12/1968 GALE	(EMPTERY DE COMMONY)	23d LOCATION (City or Town)	(County) (State)
VR A15 [4] 30M REV. 1/68	24 FUNERAL DIRECTOR WALSTER VER COCKELE	Is Farring ADRES	7 2So RE	OV 13 1968 COLON	
		- 44 (1001)			

MAKTLAND STATE DEPAKTMENT OF MEALIN



7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	06 11/12/68 kk
FOR STATE	15985 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15999
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN T	Month Day Year 2b HOUR
	(Type or Print) Phillip Lee Townsend OF ESTI DEATH MATED	
Page	3 SEX 4 RACE S DATE OF BIRTH 6. AGE IN YHOUR SEAR OF UNDER 24 HRS 24 DATE PRONOUNCES	D DEAD 2d HOUR
2, and 3 to PM3. Page	Male White Feb27,1914 by pr. Months DAYS HOURS MIN Month	Day Year 1968 AM
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and the second s	Country) Maryland U.S.A. WIDOWED DIVORCED Harford Co	1110
deorth with gar	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita during most of wasking I fe even if	ark dane 12b KIND OF BUSINESS OR
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ssary, p funeral ay be ra INERAL	SIGNATURE ACTUAL COMMENT MD ASSISTANT MEDICAL EXAMINER	225. DATE SIGNED
EPU sssal func day b JNEi	EXAMINER'S Gerald C. Palmer M.D. DEPLTY MEDICAL EXAMINER ADDRESS(Street, city town, or county)	Nov.2,1968
TO DEPUTY SICAL EXAMIN necessary, please execute the the funeral directar. Page 4 st 5 may be retained far your from FUNERAL DIRECTOR: Page 3 Health priar to burial, crema	23a BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION (City of Tov	wn) (Caunty) (State)
01	Burial Nov.4,1968 Dorchester Memorial Park, Cambri	dge, Dor. Md.
AR	24 FUNERAL DIRECTOR 1 5 0 4 ADDRESS 250. REC D BY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE
VR A15ML(S)	Lewel A Herre as Cambridge, Md. DATE NOV 6 1968	Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16000 CERTIFICATE OF DEATH 15986 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Harford Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA), and give negrest town) write RURAL and give nearest town) Rural, 40Yrs. Rural . Street papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? YES IN NO. within corbon NAME OF First Middle Lost 4 DATE Month Year DECEASED 19 68 S. TROUT WILLIAM Nov. DEATH (Type or print) physician and camplet en please remove car requires that the deoth certificate he executed S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF JNDER 1 YEAR I IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED 6 5 lost birthdoy) Dovs Hours 11/22/1902 White WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT INDUSTRY Farm during most of working life, even if retired) COMPLEAS Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William T. Trout Mary Slade 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 217-36-4267 Mrs. Imo H. Frout, Street, Maryland INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse has been the lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detached for use on the Dept. of Health p NO DA YES [O FUNERAL DIRECTOR: After this certificate onour 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg, etc.) Not While of work , 19 65, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. Nov 2:1 M. from causes and an the date stated above. Now 20 1968, and that death accurred at saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S Josiah A. Hunt , M.D. NAME (Type) Penna. 17314 Delta. 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 11/23/68 Fawn Grove Cemetery Fawn Grove, York Co., Pa. 250 RECO BY REGISTRAP 256 REGISTRAR'S VENATUR Stewartstown, Pa, DAT NOV VR A15 (4) 20 M 1/66



1	1	MARYLAND STATE DEPARTMENT OF HEALTH 15987 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	001
HEALTH DEPT.		DECEASED NAME First Middle Last 20 DATE KNOWN Month Do	Yeor 258HOUR
to to at	((Type or Print) PAUL WATLACE OF EST DEATH MATED X 11/10	
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2 4 2		BIRTHPLACE (Stote or foreign 76. CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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er de rive P ng wi ng the		Darlington Gastelton Road Guerra mast of working if e even firetired IND	Tic school
alc alc af	0	definishen) TATE Maryland 13b Harrord Darlington YES NO X Castleton Road	
Organis Offer, d		FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
		. Roby F. Wallace Mollie Ge	ntry
hin 24 mill in milder's pages hours		o. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) ADDRESS	
	L'	(Yes no, or unknown) (If yes give wor or dotes of service) 218-14-8070 Mrs. Julia M. Wallace, Darli	
hed al E		18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. A recognized a rotation Cardiovas coular Disease	APPROXIMATE INTERVAL BETWEEN DASET AND DEATH
xecuted nding" i Medical permit it within		PART I. DEATH WAS CAUSED BY. Arteriosclerotic Cardiovascular Disease Arteriosclerotic Cardiovascular Disease	
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	*	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, factory, office building, etc.) 21f LOCATION Street or R.F.D. No. City or Town	ounty State
bical Examiners: se execute the cert ctor Page 4 should ned for your files. ECTOR: Page 3 should i burial, cremotian,		AT WDRK AT WDRK	
:AL EXA execute ir Page if for yal for yal vrial, cr		22a. I certify that I taak charge of the remains described above, held an Autapsy 💢, Inspection 🔝 Inquiry 🛄,	and in my apinion
director director etained DIRECT		death resulted from. Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	
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5 r Fee He		BELLEVILLE IT .)	iunty) (State)
4		Burlant Nov. 13, 1968 Darlington Darlington, Har	
A.		4 FUNERAL DIRECTOR ADDRESS 250 REC D 8Y REG STRAR 250 REGISTRAR S S G	
VR A15ME (5) 10M REV 1/68		WOHN H. HARKINS Delta, Penna. DATE NOV 14 1968 Icha	ver Judge



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		- 1		15988 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16002
P	(2)	- 1		LOSOS CERTIFICATE OF DEATH
	d / /			CEASED-NAME First / Middle lost 2a. DATE OF DEATH 2b. HOUR
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	equires that the death certificate be executed within 24 haurs after physician. Signed by the attending physician and campletely filled in by the fuburial-transit permit. Then please remave carban papers. Pages I burial, crematian, ar remaval, and in any event, within 72 haurs after	11	10. C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
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~	ertificate by physician nen please taval, and i		Y	no, or unknown) (If yes give wer or dones of service) 176-09-6865 Mrs. Margaret M. Watkins, Cedar Lane, Kings-
4 1	d P			18. CAUSE OF DEATH (Enter only one cause per ima for (a), (b), and (c).) APPROXIMATE INTERVAL OF TWEEN ONSET AND QUAIN
1	at the death cer the attending parisit permit. The matian, or remo			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiae Cambonale Recorded August On Strain Obarn Auditory Audi
	he death attendir permit.			
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	law ndi be be iar	-	(TIO	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Dg. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	9 0 0 E	1	CERTIFICATION	YES OF DEATH?
	AN: The		CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	TENDING PHYSICIAN: ined by the haspital an DR: After this certificate auld be detached far ut the State Dept. af Hea			OR CONTRIBUTING CONTRIBUTING CONTRIBUTING TO THE HOUR A.M. Manih Day Your
	Spirit sp		MEDICAL	(If either, natify medical examiner) P.M. 19
	OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certific, is 3 shauld be detached falled with the State Dept. of H		~	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City of Town County State While Not while 1
	the det			While Nat while of work Of work
	frer be			22a. I certify that (1) (this haspital) attended the deceased from 11-23, 1968, to 1129, 1960, that (1) (we) last
	N P P P P P P P P P P P P P P P P P P P			saw the deceased alive an
	S S S S S S S S S S S S S S S S S S S			causes stated abave, (I) (we) (did) (did not) view the body after death.
	FC S SI			226. SIGNATURE ATTENDING FOR MED. STAFF 221. DATE STONED
	OR DIRE			Character Godon DEGREE PHYS. MED. DIRECTOR D STAFF D 11/29/68
	AL AL Pac e fi	1	Circ	72d. PHYSICIAN'S NAME (Type) For the state of the state o
	TO HOSPITAL OR ATTENDING PHYSICIAN: To Page 4 may be retained by the haspital ar To FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	1		Lower Citoling the first
	FUI FUI Fui		23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)
	5 5 5 5 S			Burial Dec. 2,1968 Bel Air Memorial Gardens Bel Air Harford Md
	VR A15 (A)	0	24.	FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	30M REV. 1	18 N		Howard K. McComas & Son, Abingdon, Md. DADEC 2 1968 Thomas

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9 of 3 fish B	MEC	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
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L EXA cecute Page for you R: Pog		220. I certify that I taak charge of the remoins described obave, held on Autapsy, Inspection 📈, Inquiry 🔼,	ond in my opinion
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ory, ple nerol di be ret be ret prior		SIGNATURE Larald Colones M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	NED
DEPUTY DICA Sessory, please est funeral director. Many be retained FUNERAL DIRECTOR SOUTH PRIOR to burn to bur		EXAMINER'S GEYNA C POLA C POLA C TO DEPUTY MEDICAL EXAMINER 12-1	1-68
TO DEPUTY necessory, the funeror 5 may be TO FUNERA Health pr		ADDRESS(Sineer, City, Town, or County)	
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, ()	24	DURIAL DEC. 2.1/60 NOCK ION CENT. ITAKTORD, CO	MD.
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